

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90160 011 ****61.25

DOCUMENT # N25228

1. Entity Name

MASON CITY COMMUNITY CENTER, INC.

Principal Place of Business

Mailing Address

MARGIE MARKHAM
~~RT. 2 BOX 370~~ **RT 29 Box 1005**
LAKE CITY FL 32024

MARGIE MARKHAM
~~RT. 2 BOX 370~~ **RT 29 Box 1005**
LAKE CITY FL 32024

2. Principal Place of Business

3. Mailing Address

RT 29 Box 1005

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Lake City FL

Zip

Country

32024 Columbia

4. FEI Number **59-2892722**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

THOMAS, DUANE E.
204 SOUTH MARION STREET
LAKE CITY FL 32056-2137

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS	
TITLE PO <input type="checkbox"/> Delete	NAME BROWN, WILLIAM F
STREET ADDRESS RT 3 BOX 364	CITY-ST-ZIP LAKE CITY FL 32025
TITLE VPD <input type="checkbox"/> Delete	NAME DICKS, CLIFFORD
STREET ADDRESS RT 3 BOX 646	CITY-ST-ZIP LAKE CITY FL 32025
TITLE SD <input type="checkbox"/> Delete	NAME MARKHAM, MARGIE LOU
STREET ADDRESS RT. 2 BOX 370	CITY-ST-ZIP LAKE CITY FL 32024
TITLE TD <input type="checkbox"/> Delete	NAME JONES, DAISY M
STREET ADDRESS ROUTE 7, BOX 391	CITY-ST-ZIP LAKE CITY FL 32055
TITLE D <input type="checkbox"/> Delete	NAME RYALS, VALERIE W.
STREET ADDRESS RT 3 BOX 316	CITY-ST-ZIP LAKE CITY FL
TITLE DP <input type="checkbox"/> Delete	NAME DICKS, HARRY G
STREET ADDRESS ROUTE 1 BOX 130	CITY-ST-ZIP LULU FL 32061

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME Clarence Rogers
STREET ADDRESS RT 2 Box 327	CITY-ST-ZIP LAKE CITY FL 32024
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME Route 28 Box 646
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME Route 29 Box 1005
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Margie L. Markham 4/18/02 386 752 1494
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)